

MASSACHUSETTS ALL-PAYER CLAIMS DATABASE PROVIDER PORTAL SURVEY

FUNDED BY
STATE INNOVATION MODELS GRANT

1. OVERVIEW
2. PROVIDER SURVEY FINDINGS
3. IMPLICATIONS & NEXT STEPS

September 29, 2014



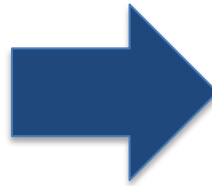
center
for health
information
and analysis

Overview



Massachusetts SIM Aim

To *transform* Massachusetts' care delivery and payment systems by strengthening primary care, rewarding quality, encouraging providers to take accountability for total cost of care, coordinating with community and public health resources, integrating behavioral health, and promoting primary care payment reform.



Leverage the MA All Payer Claims Database to provide claims-based reports to providers through a provider portal

Stakeholder Engagement: A Key Part of the Portal Planning

Approach

- Outreach/Communication
- Education
- Two-way communication/feedback (small groups, deeper collaboration)

Stakeholders

- MA APCD Workgroup
- MMS, MHA, MeHI, MHQP Physician Council, MPD Users Group (60)

Methods In-person meetings, conference calls, webinars, email, summary sheets, survey, communications

Overview/Accomplishments

Jan-March

- Identified and convened a MA APCD Provider Portal Initiative (PPI) workgroup of 18 representing major networks, medical groups and associations (~5000 primary care providers)
- Conducted stakeholder meetings and executed an exploratory survey to:
 - Support development of product concepts, and
 - Organize outreach efforts to obtain input from the larger provider community

April-May

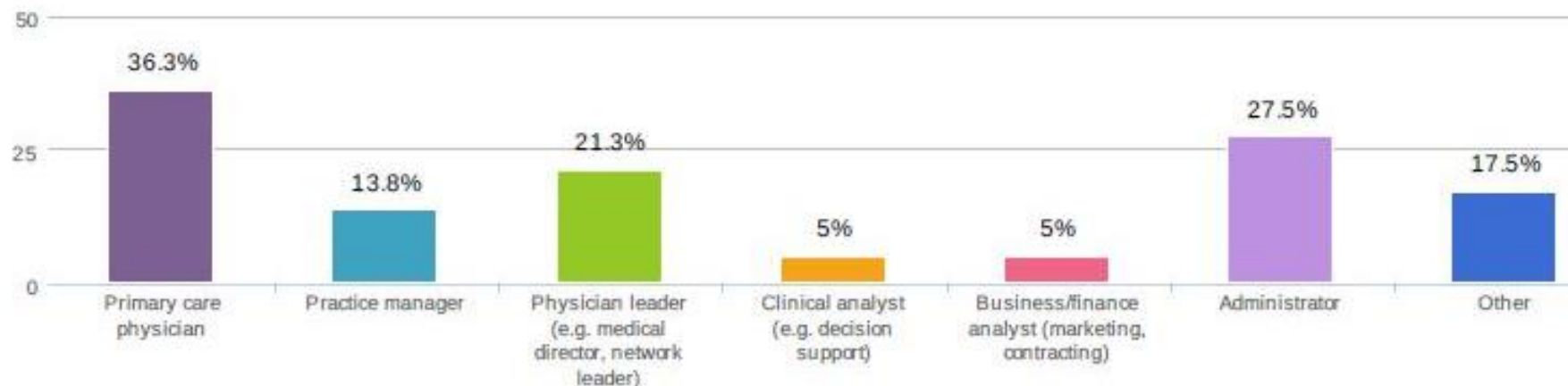
- Developed and executed a broader outreach survey (via email) to more than 600 unique providers and potential users to test interest and potential product concepts (uses and features)
- Engaged PPI workgroup, MHQP forums and provider associations to support outreach efforts.

June

- Evaluation of survey results and stakeholder engagement

Survey Respondent Roles/Titles

I am a:



Account Manager
 Administrator
 Associate Medical Director
 Associate Professor, Instructor
 Billing Manager
 Business Manager
 CEO, CFO, CIO, CMO
 Chairman of Medicine
 Chief Academic Officer
 Chief Quality Officer

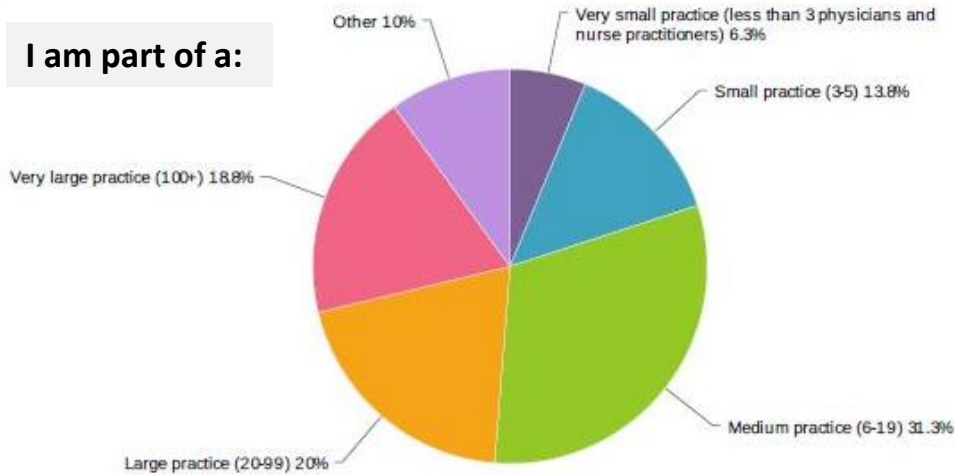
Clinical Director
 Clinical Service Director
 Deputy Director
 Director
 Director of Finance, Director of Contracting
 Director of MIS, Director of Operations
 Director Quality Improvement
 Executive Director
 Executive Director (Accountable Care Programs)
 MDs
 Manager of Informatics
 Manager Contract Operations

Managing Partner
 Medical Director
 Office Manager
 Orthopedic Surgeon, Cardiologist, Psychiatrist
 Performance Improvement/Primary Care
 Practice Administrator
 Practice Manager
 President
 Program Director
 Senior Data Analyst
 Senior Director

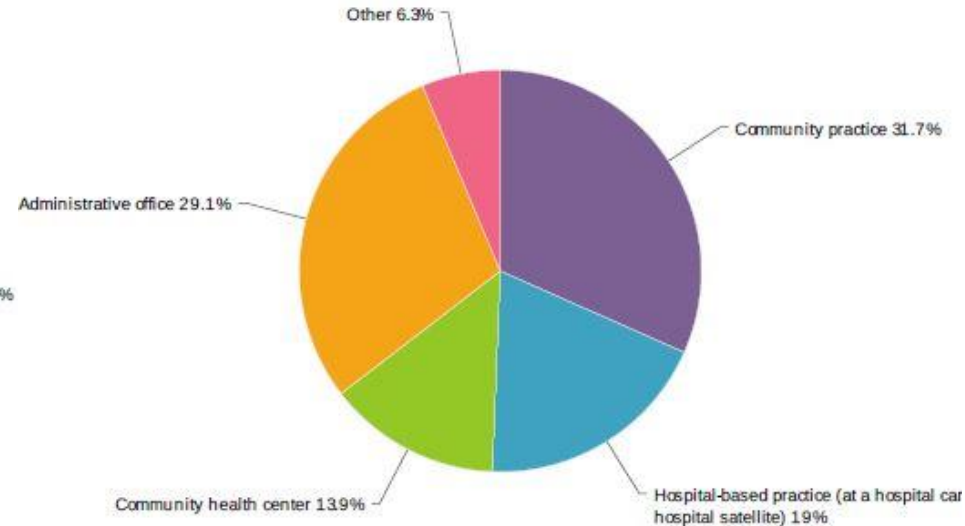
Provider Portal Survey

80 respondents: Strong representation across settings, practice size and geography.

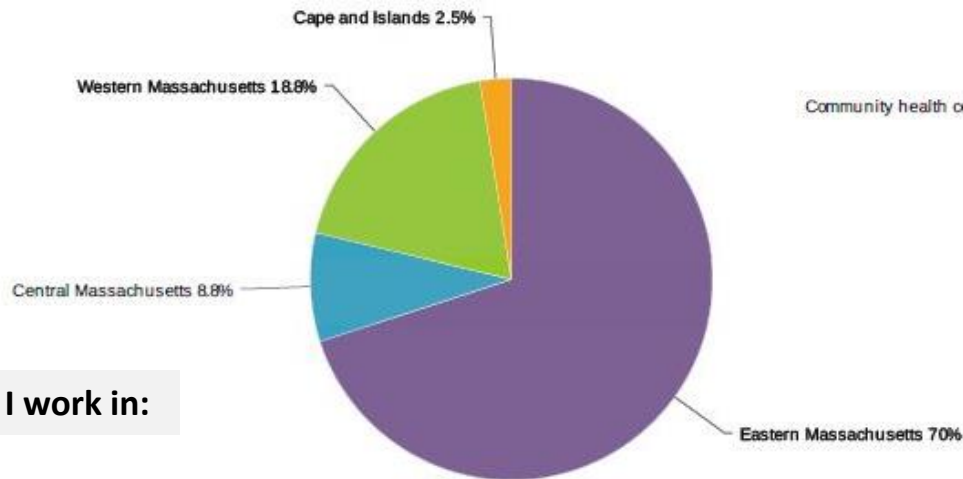
I am part of a:



The setting where I work most of the time is:



I work in:



Product Concepts Tested

I. Patient Panel Information

Patient panel profiles that enable providers to **understand patient demographics and payer characteristics, clinical conditions and utilization of services**, including examination of trends, and comparison to peers and the overall market

II. Provider Quality, Efficiency and Cost

Evaluative metrics that enable primary care physicians and physician organizations to **assess their own quality, utilization, or cost** against expectations, adjusting for patient panel characteristics

III. Other Providers and Facilities

Information that supports business performance of the organization including **identification of other providers and facility services for assessment** of patient turnover, system 'leakage,' or referral decisions

Provider Portal Survey – Key Findings

- While half of the respondents were not familiar with the MA APCD, most believe it would be useful. Most already use claims data in their work.
- Respondents were most interested in Product Concept I followed by Concepts II and III.
 - Concept I: High-utilizers, Utilization (other services)
 - Concept II: Outcomes (e.g., readmissions, preventable ED), Total Cost of Care
 - Concept III: Where patients are seeking specialty care and other services
- Leading proposed purposes for the MA APCD:
 - Quality & Cost Analysis, Benchmarking & Comparisons
 - Use information to support Accountable Care Organization, Patient Centered Medical Home and Meaningful Use
- Physician leaders are most likely within organizations to be the users of the MA APCD data.

Product Concept I – Patient Panel Information

*How useful would it be to have MA APCD information
(across payers) to better understand:*

	Very useful		Useful		Somewhat Useful	
Patients' demographics (e.g. age, gender, geography)	43	53.1%	26	32.1%	8	9.9%
Patients by payer type, by specific payer, and by benefit design	45	55.6%	22	27.2%	10	12.3%
Patients who have joined, stayed, or left your panel (e.g. patient acquisition and turnover)	35	43.2%	26	32.1%	14	17.3%
Patients by major conditions (e.g. diagnostic groupings, populations, chronic vs. acute)	49	60.5%	26	32.1%	4	4.9%
Patients by risk scores (stratification by risk categories)	46	58.2%	20	25.3%	9	11.4%
Utilization: office visits, hospitalizations, ALOS, ED visits	58	72.5%	14	17.5%	4	5.0%
High utilizers (e.g. patients with multiple ED visits/hospitalizations [by condition])	61	76.3%	14	17.5%	2	2.5%

Provider Portal Survey – Findings

Data Sources

- An all-payer dataset is important (Medicare data were least critical).

Level of Reporting

- Patient identification is important for coordination of care, identifying/understanding high-utilizers (patient management) and non-duplication of services.
- Aggregated information is important especially at individual provider and practice levels.

Timeliness

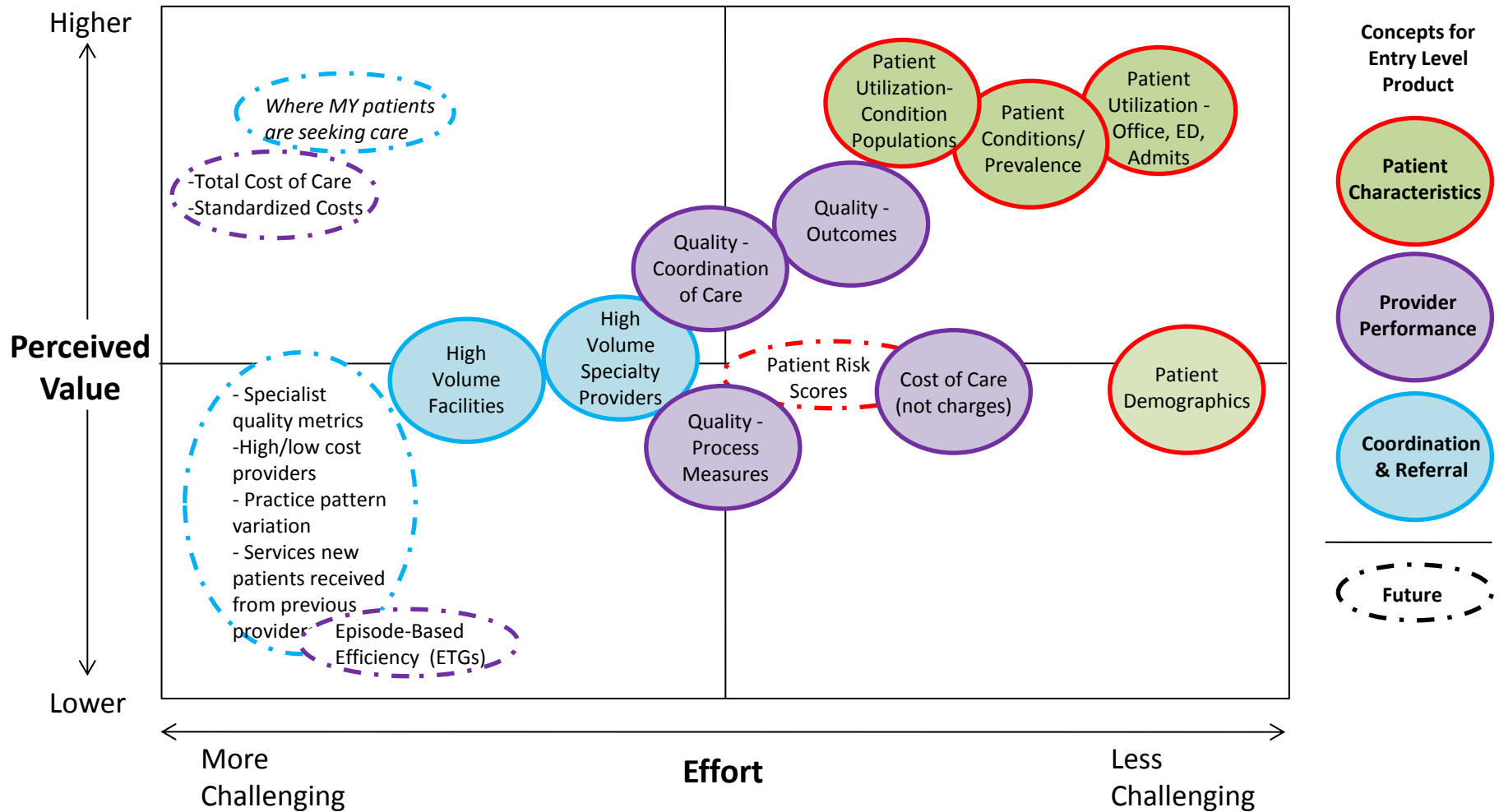
- Data lag is a concern for the data to be useful. There should be no more than a 3-month lag and data should be refreshed quarterly.
- Trending is most useful for at least 1-2 years.

Survey Findings:

Differences between clinicians and other respondents

- Compared to other respondents, clinicians were less likely to report that they are familiar with the MA APCD
- Clinicians were *more* interested than other users in: Utilization (unwarranted variation, prescribing, imaging), Cost of Care, Total Costs of Care, Episode Treatment Groups
- Clinicians were *less* interested than other users in: Patient Risk Score, Coordination of Care (e.g., post-discharge follow-up), Standardized Costs
- Clinicians preferred reports or downloadable data (compared with other users who prefer on-line analytic tools)
- While some clinicians directly use claims-based information, more rely on analytic staff

Product Content Matrix



Next Steps – Work Plan

- Prioritize development of business requirements with Concept I in the immediate term, followed by Concept II and Concept III
- Review data required to support Concept I
 - Determine desired functionality that can be supported now
 - Determine MA APCD development that must occur
 - Master Provider Index
 - Attribution (Provider Attribution to Group, Member Attribution to PCP]
 - CHIA hardware/software infrastructure, etc. (timeline/milestones)
- Develop product samples to solicit more informed feedback on key reports.
- Engage physicians
 - Usefulness of Concept (+/-)
- Address other issues associated with portal (access, support, security, privacy)
- Develop business requirements, including sustainability model